

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name <u>Sally A. Desimone</u>	2 BUYER GRANTEE	Name <u>Sally A. Desimone</u>
	Mailing Address <u>2740 Grandview Drive</u>		Mailing Address <u>2740 Grandview Drive</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-6023</u>		Phone No. (including area code) <u>(509) 758-6023</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		List assessed value(s)	
Mailing Address _____		1-083-01-005-0001 <input type="checkbox"/> \$35,000	
City/State/Zip _____		1-083-01-005-0002 <input type="checkbox"/> \$191,100	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	

4 Street address of property: 2740 Grandview Drive

This property is located in Asotin County

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

The South Thirty (30) feet of Lot Four (4) and the North Fifty-Five (55) feet of Lot Five (5), Block One (1) of Highland Heights First Addition, Asotin County, Washington, according to the recorded plat thereof.

And also: The South 88.5 feet of Lot Five (5) of Block One (1) of Highland Heights First Addition, Asotin County, Washington, according to the recorded plat thereof.

5 Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR DATE

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-202(6)(i)

Reason for exemption _____
Inheritance per Affidavit (Lack of Probate) with death certificate attached.

Type of Document Affidavit (Lack of Probate)

Date of Document 2-26-2019

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	5.00
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Sally A. Desimone</u>	Signature of Grantee or Grantee's Agent <u>Sally A. Desimone</u>
Name (print) <u>Sally A. Desimone</u>	Name (print) <u>Sally A. Desimone</u>
Date & city of signing: <u>2-26-19 Clarkston</u>	Date & city of signing: <u>2-26-19 Clarkston</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the State correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (09/06/17) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

GI TINS & DUES LLC
CR#116079 KPM

PAID
MAR - 6 2019
ASOTIN COUNTY
TREASURER
052006

After recording return to:

David A. Gittins
P.O. Box 191
Clarkston, WA 99403

<p>Document Title(s) or transactions contained therein:</p> <p>1. Affidavit (Lack of Probate)</p>
<p>Grantor (Last name first, then first name and initials)</p> <p>1. Desimone, John</p> <p><input type="checkbox"/> Additional names on page ____ of document.</p>
<p>Grantee (Last name first, then first name and initials)</p> <p>1. Desimone, Sally A.</p> <p><input type="checkbox"/> Additional names on page 1 of document.</p>
<p>Legal Description (abbreviated: i.e. lot, block, plat or section, township, range)</p> <p>Pt. Lots 4 and 5, Block One, Highland Heights First Addition</p> <p><input type="checkbox"/> Additional legal is on page 1-2 of document.</p>
<p>Assessor's Property Tax Parcel/Account Numbers</p> <p>1-083-01-005-0001, 1-083-01-005-0002</p> <p><input type="checkbox"/> Additional legal is on page ____ of document.</p>

52008

Addition, Asotin County, Washington, according to the recorded plat thereof.

And also:

The South 86.5 feet of Lot Five (5) of Block One (1) of Highland Heights First Addition, Asotin County, Washington, according to the recorded plat thereof.

Tax Parcel Numbers 1-083-01-005-0001 and 1-083-01-005-0002

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(i).

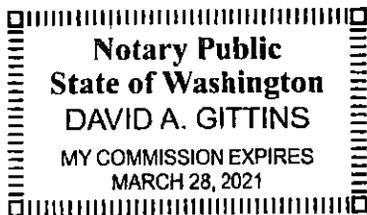
Dated this 26 day of February, 2019.

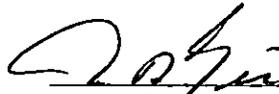

Sally A. Desimone

STATE OF WASHINGTON)
)
:SS
County of Asotin)

On this day personally appeared before me Sally A. Desiomone, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 26th day of February, 2019.




Notary Public for Washington
Residing at Clarkston
My appointment expires: 3/28/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-008237

DATE ISSUED: 02/22/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN
LAST NAME(S): DESIMONE JR

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 17, 2017
HOUR OF DEATH: 07:50 AM

SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: SEPTEMBER 08, 1938
BIRTHPLACE: BELFLOWER, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: SALLY KIDWELL

OCCUPATION: BUSINESS OWNER
INDUSTRY: BUSINESS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: SALLY DESIMONE
RELATIONSHIP: WIFE
ADDRESS: 2740 GRANDVIEW DR, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: MYELOFIBROSIS
INTERVAL: 3 MONTHS
B: ESSENTIAL THROMBOCYTOSIS
INTERVAL: 12 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2740 GRANDVIEW DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2740 GRANDVIEW DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER/PARENT: JOHN DESIMONE SR
MOTHER/PARENT: FRANCESCA CUIFO

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 21, 2017

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CLINTON MORGAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1250 IDAHO STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: FEBRUARY 17, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY
DATE RECEIVED: FEBRUARY 21, 2017

52006



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last **2. Date of Event:** MM/DD/YYYY **3. Place of Event:** City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution): First Middle Last/Maiden **5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):** First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: P.O. Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

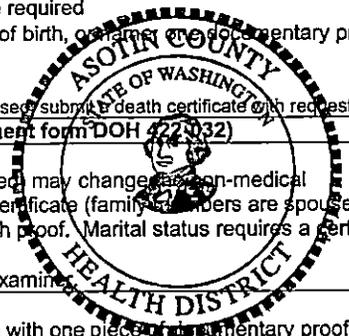
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Joel McCullough, M.D., MPH, MS
Health Officer

FEB 22 2017



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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